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STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER **The Groton Independent**		2. DATE **09-29-2008**
3. FREQUENCY OF ISSUE **Weekly**	3A. NO. OF ISSUES PUBLISHED ANNUALLY **50**	3B. ANNUAL SUBSCRIPTION PRICE $ **33**
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) **PO Box 588, Groton, SD 57445-0588**		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) **PO Box 588, Groton, SD 57445-0588**		
6. FULL NAME OF PUBLISHER: **Paul Irvin Kosel**		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME / COMPLETE MAILING ADDRESS **Next Generation Publications, Inc. PO Box 588, Groton, SD 57445-0588**		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. **None**		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	450	650
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	173	173
2. Mail Subscription (Paid and or requested)	243	239
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	416	412
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	2	2
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	418	414
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	32	236
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	450	650

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Ruby L Schwabe
(Signature)

Business Manager
(Title)

State of South Dakota)
§
County of **Brown**)

Sworn to before me this 29th day of Sept., 2008

Paul Kosel
Notary Public

My commission expires: 9-12-2012

(Seal)

Form: SOS REC 051 7/2004